



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601



Application For Ambulance Provider Licensing

(Please Print or Type)

License # _____
(Should be a 4-digit number)

KBEMS USE ONLY

Received by: _____

Amount: _____

Check #: _____

PLEASE CHECK TYPE
OF SERVICE PROVIDED:

☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class VI ☐ Class VII

☐ BLS

☐ BLS

☐ ALS

☐ ALS

Name of Service: _____

If there has been a name change, please list effective date and previous name: _____

Address of Primary Physical Location: _____

City/State/Zip: _____

Administrative Phone: _____ Fax: _____ Dispatch: _____

Service Director: _____

Mailing Address (*If different from physical location*): _____

E-Mail Address: _____

Medical Director Information:

Name: _____

Office Address: _____

City/State/Zip: _____

Office Phone: _____ Office Fax: _____

E-Mail: _____

Board Certified in Emergency Medicine? __Yes __No

Current ACLS, ATLS, PALS? __Yes __No

All satellite (substations) operated by the above service in the same geographic location should be listed below:

Address(es) of all satellites, including telephone number: (Use additional sheet if necessary)

Ownership: ☐ **Public** ☐ **Individual** ☐ **Partnership** ☐ **Corporation**

Owner(s) of Service:

Date operation began under current owner: _____

Volunteer fire department affiliated? ☐ YES ☐ NO

Please indicate the total number of ALL runs made in the last calendar year: _____

Total Number of Vehicles operated under this license: _____ BLS _____ ALS
_____ Rotor-Wing Aircraft _____ Fixed-Wing Aircraft

Area Served:

For initial ground service license, designate specific geographic area. For initial air service license, designate geographic area to be served. For renewal of license, designate area as specified on current license. (If this is for initial license, you must also include an outlined map delineating the geographic area served.)

Radio Frequency Information:

Receive Frequency: _____ Transmit Frequency: _____ P/L Tone: _____

Do you have the capability to transmit and receive 155.160 in your ambulances? __YES __NO

Do you have the capability to transmit and receive 155.160 from your base station? __YES __NO

This information will not be shared except in disaster response situations.

****Volunteer Services, Please Read:**

You must include with this application a 24-hour contact number, where the Director, Fire Chief, etc. can be located if no one is available at the service (station).

24-Hour Contact Number: _____

I agree that this service and all aspects of its operation shall be open at all times to the inspection and surveillance of the Kentucky Board of Emergency Medical Services and the Commonwealth of Kentucky. I certify that the information given in this application is accurate to the best of my knowledge and recognize that falsification of this application can result in revocation of license(s).

Signature of Authorized Personnel

Title

Date

Licensure Fees

Initial License.....\$1,500.00
Transfer of License.....\$1,000.00
Relicensure (up to 5 vehicles).....\$250.00
Each additional vehicle.....\$25.00
ALS First Response-Initial License.....\$250.00
ALS First Response Relicensure (up to 4 vehicles).....\$100.00
Each additional vehicle.....\$25.00

Please make check or money order payable to the **Kentucky State Treasurer**. This application **MUST** be filled out in its entirety or the application and fee will be returned.

DO NOT SEND CASH

Return application, fee and map (if initial license is being applied for) to:

**Kentucky Board of Emergency Medical Services
2545 Lawrenceburg Road
Frankfort, Kentucky 40601**

Attn: Tina R. Spradlin